Please type a	plus sign (+) inside this box	$\rightarrow$	+

Х

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR			Attorney Docket Numb	per JAB 1463 -PCT-USA Robert Douglas Gordon				
PATE	-	SIGN APPLICATION	First Named Inventor   Hobert Douglas Goldo					
(37 CFR 1.63)		Application Number						
☑ Declaration	•	. Declaration	Filing Date					
Submitted	OR Declaration Submitted after Initial	Group Art Unit						
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					

AS a Delow named inver	As a below named inventor, I hereby declare that:									
As a below hallout inventor, thereby declare that.										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
VASCULAR ENDOTHELIAL GROWTH FACTOR-X										
the specification of which										
is attached hereto										
OR  Was filed on (MM/F	DAYYYY) 12/21/1999	1 11-4-	J C4-4 A1:	4: Ab	PCT International					
was med on (MMV)	12/21/1999	as Onlie	o States Applica	ition Number or F	- International					
Application Number PC	/US99/30503 and w	as amended on (MM/DD/Y	YYY)		(if applicable).					
	eviewed and understand the ent specifically referred to abo		tified specificatio	n, including the o	claims, as					
,,,,	•									
I acknowledge the duty to	disclose information which is	material to patentability as	defined in 37 Ch	-R 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
America, listed below and ha	ave also identified below, by	on which designated at lea checking the box, any forei	ist one country ign application fo	other than the L or patent or inven	Inited States of					
America, listed below and hor of any PCT international a	ave also identified below, by application having a filing date	on which designated at lea checking the box, any forei e before that of the applicat Foreign Filing Date	est one country ign application for tion on which pri	other than the User patent or invenority is claimed.  Certified Co	Inited States of tor's certificate,					
America, listed below and hor of any PCT international and Prior Foreign Application Number(s)	ave also identified below, by application having a filing date	on which designated at lea checking the box, any foreign before that of the application o	est one country ign application fo tion on which pri	other than the Lor patent or invenority is claimed.	Inited States of ntor's certificate,					
America, listed below and hor of any PCT international a	ave also identified below, by application having a filing date	on which designated at lea checking the box, any forei e before that of the applicat Foreign Filing Date	est one country ign application for tion on which pri	other than the User patent or invenority is claimed.  Certified Co	Inited States of tor's certificate,					
America, listed below and hor of any PCT international and Prior Foreign Application Number(s)	ave also identified below, by application having a filing date	on which designated at lea checking the box, any foreign before that of the application o	est one country ign application for tion on which pri	other than the User patent or invenority is claimed.  Certified Co	Inited States of tor's certificate,					
America, listed below and hor of any PCT international and Prior Foreign Application Number(s)	ave also identified below, by application having a filing date	on which designated at lea checking the box, any foreign before that of the application o	est one country ign application for tion on which pri	other than the User patent or invenority is claimed.  Certified Co	Inited States of tor's certificate,					
America, listed below and hor of any PCT international:  Prior Foreign Application Number(s)  9828377.3	ave also identified below, by application having a filing date	on which designated at leachecking the box, any foreign before that of the applicate foreign Filling Date (MM/DD/YYYY)  12/22/1998	st one country ign application for ition on which pri  Priority Not Claimed	other than the L cripatent or invenority is claimed.  Certified Co YES	Drited States of inter's certificate,  Py Attached?  NO					
America, listed below and hor of any PCT international:  Prior Foreign Application Number(s)  9828377.3	ave also identified below, by application having a filing date  Country  GB	on which designated at leachecking the box, any foreign before that of the applicate (MM/DD/YYYY)  12/22/1998  supplemental priority data	st one country ign application for ign applica	other than the L car patent or invenority is claimed.  Certified Co YES	Drited States of inter's certificate,  Py Attached?  NO					
America, listed below and hor of any PCT international:  Prior Foreign Application Number(s)  9828377.3	ave also identified below, by application having a filing date  Country  GB  ation numbers are listed on a under 35 U.S.C. 119(e) of an	on which designated at leachecking the box, any foreign before that of the applicate (MM/DD/YYYY)  12/22/1998  supplemental priority data	st one country ign application for ign applica	other than the L car patent or invenority is claimed.  Certified Co YES	Drited States of inter's certificate,  Py Attached?  NO					
America, listed below and hor of any PCT international:  Prior Foreign Application Number(s)  9828377.3  Additional foreign applic I hereby claim the benefit Application Number	ave also identified below, by application having a filing date  Country  GB  ation numbers are listed on a under 35 U.S.C. 119(e) of an	on which designated at leachecking the box, any foreign before that of the applicate before that of the applicate (MM/DD/YYYY)  12/22/1998  supplemental priority data by United States provisional as (MM/DD/YYYY)	st one country ign application for ign application for Priority Not Claimed  sheet PTO/SB/( application(s) lis	cother than the L cor patent or invenority is claimed.  Certified Coyes  YES  D2B attached herested below.	py Attached? NO  ceto:					
America, listed below and hor of any PCT international:  Prior Foreign Application Number(s)  9828377.3  Additional foreign applic I hereby claim the benefit	Country  GB  ation numbers are listed on a under 35 U.S.C. 119(e) of an GS  Filling Date	on which designated at leachecking the box, any foreign before that of the applicate before that of the applicate (MM/DD/YYYY)  12/22/1998  supplemental priority data y United States provisional in (MM/DD/YYYY)	st one country ign application for ition on which pri  Priority Not Claimed  Sheet PTO/SB/C application(s) lis  Addition	other than the L cripatent or inversority is claimed.  Certified Co YES  D2B attached herested below.  Onal provisional ers are listed o	py Attached? NO  ceto:					
America, listed below and hor of any PCT international and PCT in	Country  GB  ation numbers are listed on a junder 35 U.S.C. 119(e) of an O3/18/19	on which designated at leachecking the box, any foreign before that of the applicate before that of the applicate (MM/DD/YYYY)  12/22/1998  supplemental priority data y United States provisional in (MM/DD/YYYY)	sit one country gin application for ition on which pri  Priority Not Claimed  sheet PTO/SB/( application(s) lis  Addition numbe supple	cother than the L cor patent or invenority is claimed.  Certified Coyes  YES  D2B attached herested below.	py Attached? NO  ceto:  al application n a					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

- 2	

Please type a plus sign (+) inside this box 🔫 🕂

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

a valid OMB control number.

### **DECLARATION** — Utility or Design Patent Application

			==		_	<u> </u>	<u> </u>	<del>=</del>	الخنذ			<u> </u>	P 0 a.c.	<del></del>
United States	or PCT !	nefit under 35 U.s rica, listed below International app naterial to patent T international fi	plication i	in the m	manner p	provid	ided by th	or each	cn or u	the claims of t	this appli	lication	ı ıs not disclose	ed in the pric
		rent Applica Num	ation o							Filing Date DD/YYYY)	ı	Par	rent Patent (if applica	
											1			
								i						
Additional	IU.S. or	PCT internation	nal applic	cation n	umbers	are li	listed on	a suppl	lemen	ital priority dat	a sheet f	PTO/S	B/02B attached	hereto.
As a named in	ventor II	hereby appoint t connected therev	the fellow		-1-4		4741	s) to pro	secut	e this applicat	ion and t	o trans	sact all business	s in the Pate
	· Omize	Officolog a.g.c.		_ OR							<del></del>	<b>&gt;</b>	Place Cus Number Ba	ar Code
ļ			X	Regis		ractitic Istrati		name/re	agistra	ation number li		ow L	Label h	nere pistration
ļ	Nan	ле		+		umbe		<del></del>	A Aje	Nan			Ni Ni	umber
Steven P. I	Berma	an			24.77	/2_				chael Starl en C. Colei			32,49 34,14	
Andrea L.					30,194					ry A. Appo			34.08	
Additional	sister	4	·											
		dence to:				al Re	gisterea	Practiti	ioner	Information sh	eet PTO	/SB/02	2C attached her	eto.
Direct all con-	espond	dence to:	Custon or Bar	mer Nu r Code i		<u>L</u>				OR	X C	orrest	pondence add	dress belov
Name	Phi	ilip S. Johns	<u>son</u>			_								
Address	Johr	nson & John	ason											
Address	.One	Johnson &	John	son F	Plaza			<del>-</del>	<del></del>					
City		<u>v Brunswick</u>		<del></del>				Stat	ıte	NJ	ZIP	089	933=7003_	
Country	USA				elephoi			2) 524-2359 Fax (				732) 524-2808		
punishable by f	fine or in	all statements mand further that the imprisonment, or its issued thereon	r both, ui											
Name of So	le or f	First Invento	or:					□ A r	petitic	on has been	filed for	r this :	unsigned inve	entor
		me (first and m	niddle [i	f any])		_		$\Box$		Famil	y Name	or Su	лглате	
	oert D	)ouglas				$\Rightarrow$	l.		G	ordon				
Inventor's Signature		<u> </u>			1	4	کی		0	<u> </u>			Date	05/02/0
Residence: C	ity	Beerse			State	1		Cou	untry	Belgi	um		Citizenship	GB
Post Office Ad	Idress	c/o Jansse	n Phar	rmace	∍utica N	N.V.	., Turni	houts	eweç	g 30, B-234	0 Beer	rse, E		
Post Office Ad	idress													
City		Kapellen	State			I	ZIP	2950	0		Coun	ntry_	Belgium	1
Additional i	invento	rs are being n	amed c	n the	2 su	ipple	•mental	Additi	onal I	Inventor(s) s	heet(s)	PTO/	ISBINOA attac	had barate

Please type a plus sign (+) inside this box →	٦
---	---

PTO/SB/02A (3-97)
sign (+) inside this box + + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1\_ of 2\_

Name of Addition	nal Joint Inventor, if a	ny:		A petition has been filed for this unsigned inventor						entor	
Given Nar	me (first and middle [if any	/])		Family Name or Sumame							
J	org Jurgen			Sprengel							
Inventor's Signature	li Sa	$\mathcal{A}$		BEV				Date	Date 06/04/6		
Residence: City	Beerse	State			Country		Belgium		Citizensi	hip	DE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium										
Post Office Address		, ,			· · · · · · ·		····				:
City	Leichlingen	State			ZIP	42	799	Country	Ger	rman	у
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any])				Family Name or Surname							
Jeffrey Roland						Y	on				
Inventor's Signature									Dat	te	
Residence: City	Beerse	State			Country	,	Belgium		Citizen	ship	GB
Post Office Address	c/o Janssen Pharma	aceutica N	1.V., T	urnh	outsew	eg 3	0, B-2340 I	Beerse	, Belgiu	ım	
Post Office Address											
City	Ely	State			ZIP	CE	36 3EJ	Count	ry Ur	nited	Kingdom
Name of Addition	nal Joint Inventor, if a	ny:			A petiti	ion h	as been filed	d for this	unsign	ed inv	entor
Given Nar	me (first and middle [if any	/])					Family Nan	ne or Su	ımame		
Josiena .	Johanna Huberdina					Dij	jkmans				
Inventor's Signature									Dat	ie	
Residence: City	Beerse	State			Country		Belgium		Citizen	ship	NL
Post Office Address	c/o Janssen Pharm	aceutica I	N.V., T	urnh	outsew	eg 3	B-2340	Beerse	, Belgi	um	
Post Office Address											
City	Ossendrecht	State			ZIP		4641 BW	Co	untry	The N	letherlands

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/02A (3-97)
sign (+) inside this box → + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1\_ of 2\_

يهر بيواني مي مي	يرسيسون والمراكنات									
Name of Addition	Name of Additional Joint Inventor, if any:						petition has been filed for this unsigned inventor			
Given Nar	me (first and middle [if any]	)		Family Name or Surname						
J	lorg Jurgen			Spre	enge	1				-
Inventor's Signature								Date		
Residence: City	Beerse	State		Coi	untry	Belgium		Citizens	hip	DE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium									
Post Office Address										
City	Leichlingen	State		ZI	IP.	42799	Count	ry Ge	rman	ıy
Name of Addition	nal Joint Inventor, if an	y:		] A [	petitio	n has been file	d for the	his unsig	ned inv	ventor
Given Nar	me (first and middle [if any]	)				Family Nar	me or	Sumame		
	Jeffrey Roland				Yon		<i></i>			
Inventor's Signature	1 ohn					BE	$\sqrt{.}$	Da	ite	05/29/01
Residence: City	Beerse	State		Col	untry	Belgium		Citize	nship	GB
Post Office Address	c/o Janssen Pharmac	ceutica 1	1.V., Turni	nouts	sewe	g 30, B-2340	Beers	e, Belgi	um	
Post Office Address										
City	Ely	State			ZIP	CB6 3EJ	Cou	ntry U	nited	Kingdom
Name of Addition	nal Joint Inventor, if an	y:		] A [	petitio	n has been file	d for th	his unsig	ned inv	entor
Given Nar	me (first and middle [if any]	)				Family Nar	ne or	Sumame		
Josiena .	Johanna Huberdina					Dijkmans				
Inventor's Signature								Da	te	
Residence: City	Beerse	State		Cot	untry	Belgium		Citize	nship	NL
Post Office Address	c/o Janssen Pharma	ceutica	N.V., Turn	houts	sewe	g 30, B-2340	Beers	se, Belg	ium	
Post Office Address										
City	Ossendrecht	State			ZIP	4641 BW	,	Country	The N	letherlands

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Valid OMB Control Humber.									
DECLARATION									
Name of Addition	onal Joint Inventor, if any:								
Given Na	ame (first and middle [if any])								
	Anna								
Inventor's Signature	Anna (								
Residence: City	Skillman								

PTO/SB/02A (3-97)
sign (+) inside this box + + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Please type a plus sign (+) inside this box → + nber.

#### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Addition	nal Joint Inventor, if any		A petition has been filed for this unsigned inventor							
Given Na	me (first and middle [if any])			Family Name or Surname						
	Anna		$\Box$	Gosiewska						
Inventor's Signature	Anna			Date	05/14/01					
Residence: City	Skillman	State	NJ	Country	08558		izenship	PL		
Post Office Address	b/o Wound Healing Technology Resource Center RG24, North Building, 199 Grand view Road, Skillman, NJ 08558, USA									
Post Office Address						) <u>J</u>				
City	Skillman	State	NJ	ZIP	08558 c	ountry	USA			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Na	me (first and middle [if any])				Family Name	e or Suma	ame			
Sridevi Naidu				Dhanaraj						
Inventor's Signature	Suid	eve.	Dhana	vnalaj Date OS						
Residence: City	Skillman	State	NJ	Country	USA 1		Citizenship	IN		
Post Office Address	c/o Wound Healing Te 199 Grand view Road,					n Building	g,			
Post Office Address										
City	Raritan	State	NJ	ZIP	08869	Country	US	A		
Name of Addition	nal Joint Inventor, if any	<b>/</b> :		A petitio	n has been filed	for this u	nsigned in	nventor		
Given Nar	me (first and middle [if any])				Family Name	e or Sum	ame			
	Jean	1		<u>Хи</u>	<u> </u>	<b>د</b>				
Inventor's Signature	A	lon	V		- NC	)	Date	05/14/0		
Residence: City	Skillman	State	NJ V	Country	08558		itizenship	CN		
Post Office Address	c/o Wound Healing Te 199 Grand view Road,					n Buildin	ng, 			
Post Office Address			·			<u>r</u>				
City	Hillsborough	State	NJ	ZIP	08844	Count	try U	SA		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

4	
•	7

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
sign (+) inside this box + + Approved for use through 9/30/98. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. valid OMB control number.

#### **DECLARATION**

#### **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1\_ of 2\_

Name of Additional Joint Inventor, if any:							d for th	nis unsi	gned inve	entor
Given Nar	me (first and middle [if any])			Family Name or Sumame						
J	org Jurgen			Sp	rengel					
Inventor's Signature								Da	te	
Residence: City	Beerse	State			Country	Belgium		Citize	nship	DE
Post Office Address	c/o Janssen Pharma	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium								
Post Office Address										
City	Leichlingen	State			ZIP	42799	Count	ry G	erman	у
Name of Additional Joint Inventor, if any:								entor		
Given Na	me (first and middle [if any])			工		Family Nar	ne or	Suman	ne	
	Jeffrey Roland Yon									
Inventor's Signature									Date	
Residence: City	Beerse	State			Country	Belgium	Citi	zenship	GB	
Post Office Address	c/o Janssen Pharmac	eutica l	N.V., Tı	urnho	utsewe	g 30, B-2340	Beers	se, Bel	gium	
Post Office Address										
City	Ely	State			ZIP	CB6 3EJ	Cou	untry	United	Kingdom
Name of Addition	nal Joint Inventor, if any	y:			A petitio	on has been file	d for	this uns	igned inv	entor
Given Na	me (first and middle [if any])					Family Na	me or	Suman	ne	
Josiena	Johanna Huberdina					Dijkmans				
Inventor's Signature	Diskordos	_				Be	<u> </u>		Date	05/02/01
Residence: City	Beerse	State			Country	Belgium		Citi	izenship	NL
Post Office Address	c/o Janssen Pharmac	ceutica	N.V., T	urnh	outsew	eg 30, B-2340	) Bee	rse, Be	elgium	
Post Office Address					_					
City	Ossendrecht	State			ZIP	4641 BW		Country	y The N	Netherlands

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : GORDON et al.

Serial No.

Art Unit:

Filed

June 21, 2001

Examiner:

For

VASCULAR ENDOTHELIAL GROWTH FACTOR-X

Commissioner for Patents Washington, D.C. 20231

## ASSOCIATE POWER OF ATTORNEY

Sir:

In the matter of the above-identified application, I hereby appoint Myra H. McCormack (Reg. No. 36,602), whose postal address is One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933-7003, my associate attorney to prosecute said application, to make alterations and amendments therein, to file continuing applications claiming the benefit of said application, to receive the patent and to transact all business in the Patent Office connected with said application.

I request all communications with respect to said application be addressed to Philip S. Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933-7003. All telephone calls should be directed to Myra H. McCormack at (732) 524-6932.

Signed at New Brunswick, in the County of Middlesex and State of New Jersey, this 21st day of June, 2001.

Mary A. Apportina

Reg. No. 34,087

Attorney for Applicant(s)

One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 (732) 524-2797

DATED: June 21, 2001